

# United States District Court

EASTERN

DISTRICT OF

MASSACHUSETTS

JOSEPH ARCHAMBAULT,

Plaintiff

SUMMONS IN A CIVIL CASE

V.

LIBERTY LIFE ASSURANCE  
COMPANY OF BOSTON,

Defendant

CASE NUMBER:

05 - 11762 NG

TO: (Name and address of defendant)

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON  
175 BERKELEY STREET  
BOSTON, MA 02117**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)Richard K. Latimer  
Box 590  
Falmouth, MA 02541

an answer to the complaint which is herewith served upon you, within twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON



AUG 25 2005

CLERK

DATE

(BY) DEPUTY CLERK



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

September 8, 2005

I hereby certify and return that on 9/1/2005 at 3:10PM I served a true and attested copy of the Summons and Complaint in this action in the following manner: To wit, by delivering in hand to Bruce Buttaro, Legal, agent at the time of service for Liberty Life Assurance Company of Boston, 175 Berkeley Street, Boston, MA 02116. U.S. District Court Fee (\$5.00), Basic Service Fee (IF) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

*[Signature]*  
Deputy Sheriff

Deputy Sheriff Daniel Murray

Address of Server

Signature of Server

Date

Executed on

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

## DECLARATION OF SERVER

TOTAL

SERVICES

TRAVEL

## STATEMENT OF SERVICE FEES

☐ Other (specify):

☐ Returned unexecuted:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

☐ Name of person with whom the summons and complaint were left:

☐ Served personally upon the defendant. Place where served:

Check one box below to indicate appropriate method of service

TITLE

NAME OF SERVER (PRINT)

DATE

Service of the Summons and Complaint was made by me

## RETURN OF SERVICE

05020855